



CITY OF LODI

COUNCIL COMMUNICATION

AGENDA TITLE: Communications (March 10, 1993 through March 31, 1993)

MEETING DATE: April 7, 1993

PREPARED BY: City Clerk

RECOMMENDED ACTION:

AGENDA ITEM

RECOMMENDATION

No action required - information only.

BACKGROUND INFORMATION:

Copies of applications for Alcoholic Beverage License have been received from the State of California, Department of Alcoholic Beverage Control for the following:

- a) Graciela Murillo/Irma Osuna, La Perla Mexican Store, 316 East Lodi Avenue, Lodi, Off Sale Beer and Wine, Person to Person Drop Partner and Person to Person Add Partner;
- b) Padith Phangrath, Thai Style, 116-C West Turner Road, Lodi, On Sale Beer and Wine Eating Place, Original License;
- c) Maria/Oneal Laurence, Estela Mederios and Maria M. Silva, Lodi Family Restaurant, 100 South Cherokee Lane, Lodi, On Sale Beer and Wine Eating Place, Person to Person Transfer; and
- d) Deanna A./Ernest A. Federico, Brooks Ranch, 1170 South Cherokee Lane, Lodi, On Sale Beer and Wine Eating Place, Original License.

316 East Lodi Avenue is in a C-1, Neighborhood Commercial, zone; 116-C West Turner Road is in a PD(17), Planned Development District, zone; and 100 South Cherokee Lane and 1170 South Cherokee Lane are in a C-2, General Commercial, zone. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

FUNDING: None required.

Jennifer M. Perrin
Jennifer M. Perrin
City Clerk

COUNCOM8/TXTA.02J/COUNCCM

APPROVED _____

THOMAS A. PETERSON
City Manager



recycled paper

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

STOCKTON

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

MORTILLO, Graciela

USDIA, Irma

1. TYPE(S) OF LICENSE(S)

OFF-SALE BEER & WINE

Applied under Sec. 24044 ☐

Effective Date: Issuance

FILE NO.**RECEIPT NO.**GEOGRAPHICAL
CODE 3902Date
IssuedTemp. Permit
79186

Effective Date: 3-16-93

3. TYPE(S) OF TRANSACTION(S)**FEE****LIC.
TYPE**

Per to Per Drop Partner

\$ 50.00

20

Per to Per Add Partner

50.00

20

Renewal Fee

100.00

4. Name of Business

La Perla Mexican Store

5. Location of Business—Number and Street

316 E. Lodi Ave.

City and Zip Code
Lodi, 95240County
San Joaquin**TOTAL** \$ 204.00**6. If Premises Licensed,
Show Type of License**

20

**7. Are Premises Inside
City Limits?**

Yes

8. Mailing Address (if different from 5)—Number and Street

SAME

(Temp) (Perm)

9. Have you ever been convicted of a felony?

NO

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-11-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE****APPLICATION BY TRANSFEROR****15. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-11-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

Graciela Mortillo	<i>[Signature]</i>	20-275915
Irma USDIA	<i>[Signature]</i>	

19. Location**Number and Street****City and Zip Code****County**

316 E. Lodi Ave.

Lodi, 95240

San Joaquin

Do Not Write Below This Line; For Department Use Only

Attached:

☒

Recorded notice,

☐

Fiduciary papers,

☒

OTHER: _____

COPIES MAILED

3-11-93

☐

Renewal: Fee of

Paid at

Office on

Receipt No.

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

Stockton
(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

PHANGRATH, Padith

1. TYPE(S) OF LICENSE(S)

ON SALE BEER AND WINE
EATING PLACE

Applied under Sec. 24044 ☐
Effective Date: 12/24/90

FILE NO.

RECEIPT NO.

**GEOGRAPHICAL
CODE** 3902

**Date
Issued**

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

**LIC.
TYPE**

ORIGINAL

\$ 300.00

41

Annual Fee

275.00

4. Name of Business

Thai Style

5. Location of Business—Number and Street

116-C West Turner Road

City and Zip Code
Lodi 95242

County
San Joaquin

TOTAL \$ 575.00

**6. If Premises Licensed,
Show Type of License** 41 Surr. R-65

**7. Are Premises Inside
City Limits?** Yes

8. Mailing Address (if different from 5)—Number and Street
Same

(Temp) (Perm)
Perm

9. Have you ever been convicted of a felony?

NO

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?** NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.**

13. STATE OF CALIFORNIA

County of San Joaquin

Date 3-5-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that each and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**14. APPLICANT
SIGN HERE**

APPLICATION BY TRANSFEROR

15. STATE OF CALIFORNIA

County of _____ **Date** _____

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16. Name(s) of Licensee(s)

17. Signature(s) of Licensee(s)

18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

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☐ Fiduciary papers,
☐ _____

(OTHER)

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control

1901 Broadway

Sacramento, Calif. 95811

STOCKTON

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:**2. NAME(S) OF APPLICANT(S)**

LAURENCE, Maria/Oneal

MEDERIOS, Estela

SILVA, Maria M.

4. Name of Business

Lodi Family Restaurant

5. Location of Business—Number and Street

100 South Cherokee Lane

City and Zip Code
Lodi, CA 95240County
San Joaquin**6. If Premises Licensed,
Show Type of License**

41

8. Mailing Address (if different from 5)—Number and Street

SAME

9. Have you ever been convicted of a felony?

NO

**7. Are Premises Inside
City Limits?**

Yes

**10. Have you ever violated any of the provisions of the Alcoholic
Beverage Control Act or regulations of the Department per-
taining to the Act?**

NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.**12. Applicant agrees (a) that any manager employed in on-sale licensed premises will have all the qualifications of a licensee, and
(b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.****13. STATE OF CALIFORNIA**

County of San Joaquin

Date 3-23-93

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County of San Joaquin

Date 3-23-93

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16. Name(s) of Licensee(s)**17. Signature(s) of Licensee(s)****18. License Number(s)**

GEORGE GALATEUCO

41-258775

19. Location

Number and Street

City and Zip Code

County

SAME

Do Not Write Below This Line; For Department Use OnlyAttached: ☒ Recorded notice,☐ Fiduciary papers,☒ 280

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Office on

Receipt No.

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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE(S)

To: Department of Alcoholic Beverage Control
1901 Broadway
Sacramento, Calif. 95818

(DISTRICT SERVING LOCATION)

The undersigned hereby applies for
licenses described as follows:

2. NAME(S) OF APPLICANT(S)

FEDERICO, Daniel A./Eldest A.

1. TYPE(S) OF LICENSE(S)

RECEIVED

93 MAR 25 AM 8:49

ANNETTE H. PERRO
CITY CLERK

Applied under Sec. 24044
Effective Date: 1/30/93

FILE NO.

RECEIPT NO.

GEOGRAPHICAL
CODE 2902

Date
Issued

Temp. Permit

Effective Date:

3. TYPE(S) OF TRANSACTION(S)

FEE

LIC.
TYPE

Original License

\$ 300.00

41

Annual Fee

275.00

4. Name of Business

Brooks Ranch

5. Location of Business—Number and Street

1170 S. Cherokee Lane

City and Zip Code
Lodi, 95240

County
San Joaquin

TOTAL \$ 575.00

6. If Premises Licensed,

Show Type of License NO

7. Are Premises Inside

City Limits?

YES

8. Mailing Address (if different from 5)—Number and Street

Same

(Temp) (Perm)

9. Have you ever been convicted of a felony?

NO

10. Have you ever violated any of the provisions of the Alcoholic Beverage Control Act or regulations of the Department pertaining to the Act?

NO

11. Explain a "YES" answer to items 9 or 10 on an attachment which shall be deemed part of this application.

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13. STATE OF CALIFORNIA

County of

San Joaquin

Date

3-25-93

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing application and knows the contents thereof and that such and all of the statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for an creditor of transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

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APPLICATION BY TRANSFEROR

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County of

Date

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18. License Number(s)

19. Location

Number and Street

City and Zip Code

County

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Receipt No.